



Early Childhood Intervention Program Referral Robin Hood

Sherwood Park/Strathcona County/Leduc County/Fort Saskatchewan

Fax: 780.640.9404 Phone: 780.640.9401

Agency Referral							
Date of Referral (yyyy-Mon-dd)		Person Referring (Name)					
	Phone	e	,	Fax			
Phone Referral: To be completed by EIP Staff only							
Time Referral Taken (hh:mm) Taken by							
Source of Referral (Choose one)							
□ AHS / Nurse □ Glenrose				□ Other Health Care			
□ Children's Services □ Home Care				Professional			
□ Community Agency □ Library			□ Parer	□ Parent		□ SL Pathologist	
□ EIP Worker □ Other ÅHS EIP Program			□ Phys	□ Physician		Other	
Family Information							
Child's First Name Last Name							
Date of Birth (yyyy-Mon-dd) Prei	mature? 🗆	No □ Yes		□ Male	Personal H	Health Number	
		ny weeks?					
Has child's parent/guardian consented to the referral? No Yes							
Main Language Interpreter required? □ No □ Yes							
Name of Interpreter							
Mother Father							
Address				City		Postal Code	
Phone (home) (cell)				(other)			
Email				Best time to contact family			
Case Worker NA No Yes If yes, Name Fax							
Phone Fax							
Lives with foster parent Type of Guardianship Order NA							
□ NA □ No □ Yes □ Temporary □ Permanent □ Other							
Child is waiting for or is currently involved with (check all that apply) Unknown							
□ Occupational Therapy □ Home Care □ Multicultural Health Broker □ Other							
□ Physical Therapy Services		-		nguage Servic	es		
Concern or Diagnosis at Referral (Choose all that apply)							
. ,			Emotional			□ Physical	
				ne and/or gross motor		□ Query autism	
•			learing		□ Syndrome: other		
			ledical		□ Visual impairment		
□ Communication □ Drug exposure □ N			Neurologic	eurological Other			
Comments							